

# Accessibility Checklist

**Applicant:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

If you are a new applicant, or are presenting an event at a new facility or site, or have made ADA-compliant changes, please complete and include the accessibility checklist form with your application materials.

The Kansas Arts Commission has developed this checklist as an informal guide for applicant organizations.

This checklist is neither a determination of your legal rights or responsibilities under the Americans with Disabilities Act (ADA), the 1973 Rehabilitation Act-Section 504, and/or the Kansas Act Against Discrimination, nor is it binding upon any agency with enforcement responsibility under the ADA.

## Facility Access:

Answer questions **1- 4** about the physical accessibility of each facility or site used for programs by your organization. Indicate accessibility by answering *yes* or *no* in response to each question and checking *yes*, *no* or *n/a* for each accommodation in relation to the question.

**YES** Physical feature exists.

**NO** Physical feature does not exist but should.

**N/A** Physical feature does not exist and is not needed (i.e., a single-level, ground-floor facility would not need an elevator).

|  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| <b>1.</b> Is the facility accessible to people with mobility impairments (patrons who use wheelchairs, crutches, canes, or walkers or who are unsteady)? | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| If yes, which of the following does the facility have:   |                          |                          |                          |
| Ramps/Lifts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand Railings on Ramps   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevators  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand Railings on Steps   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doors Open Easily/Automatically  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chair Lifts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accessible Restrooms   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Designated Wheelchair Seating  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Firm Smooth Surfaces   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2.</b> Is the facility accessible to people with visual impairment (i.e., low vision, blind)?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| If yes, which of the following does the facility have:   |                          |                          |                          |
| Large-Print Signage  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bright, Purposeful Lighting  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille Signage  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille-marked Elevator Buttons  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Raised-letter Signs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Free of Hazardous Overhangs and Protruding Objects   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clearly Marked Abrupt Changes in Levels  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3.</b> Is the facility accessible to people with hearing impairments (i.e., hard of hearing, deaf)? | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| If yes, which of the following does the facility have:   |                          |                          |                          |
| Buzzer Door  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is there a visual entry code (i.e., flashing light)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Emergency Alarm System  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4.</b> Is patron parking available?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| If yes, which of the following is available:   |                          |                          |                          |
| Designated "Handicapped Parking"   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear Passage to Entry (i.e., for Wheelchair Users)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Answer each question **5-7** as it relates to programmatic accessibility.

- YES**      Program offers adaptation routinely or upon request.  
**NO**        Program does not offer adaptation but should.  
**N/A**       Program does not offer adaptation and it is not needed (i.e., A symphony concert probably would not require audio description).

|   | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>5.</b> Does the organization use the following to make its programs accessible to people with visual impairments?  |                          |                          |                          |
| Large-Print Materials   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large-Print Labeling  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille Materials   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recorded Materials  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Audio Description   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6.</b> Does the organization use the following to make its programs accessible to people with hearing impairments? |                          |                          |                          |
| Assisted Listening Devices:   |                          |                          |                          |
| Infrared  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Audio Loop  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FM System   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sign Interpreters   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Interpreters   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scripts and Text of Verbal Presentations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Captioned Audio Visual Materials                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TDD/TTY (Telecommunications Device for the Deaf)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the organization publicize its accessibility? |                          |                          |                          |
| By Telephone  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| By TDD/TTY  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Large Print  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Braille  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| On Audio Recordings                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |